Do	ocket No.:
APPLICATION FOR UNITED STATES PAT DECLARATION AND POWER OF ATTORN	

Asa	helow	named	inventor.	Th	ereby	declare	that:

My residence,	post office	address an	d citizensk	ip are	as stated	below	next to	mv :	name;	that

4		_		elow) or an original, first and jour which a patent is sought on	
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lescribed and claimed in	the specification	on:			
Check one	<u>.</u>				
*a. ⊠ attached l	hereto.				
		as Application No	and ame	nded on .	
				(if applicable)	
I hereby state that as amended by any ame			s of the above identified	specification, including the claim	ns,
			known to me to be me	terial to patentability as defined	in
AND				y benefits of the following fore	
22				application are hereby claimed:	
25.2	ent Applicatio	on No. 2000-362938 Filed	on November 29, 20	00	
	-			ed in countries foreign to the Uni	
			on, or (b) before the full	ng date of the above-named fore	ıgn
origrity application(s) an	id/or United Sta	tes provisional application(s):			
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I hereby appoint in I hereby appoint			tun power or substituti	on and revocation to prosecute t	1112
777 ·		075; William P. Berridge, Reg	No 20 024: IZ:-1- M. U.	udson Dog No 27 569:	
and the state of		,411; and Edward P. Walker, F			
Thomas J. Pard	_	antino, Reg. No. 33,565; and	-		
ATT CORRECTOAINEN			_	O. 54,405. ENT TO OLIFF & BERRIDGE, I	20
		IA, 22320, TELEPHONE (70:		avi 10 Ohiri & Distaubun, 1	<i>.</i> O.
SOA 19920, ALEAANL	JIMA, VIIMIN	IA, 22020, TELEMITORE (100) 000 0 1 00.		
I homby doglaro	that I have rovi	owad and understand the conte	nte of this Declaration a	nd that all statements made her	ein
				elieved to be true; and further t	
				so made are punishable by fine	
				such willful false statements n	
		or any patent issued thereon.	. Date of the trace		,
coparate are variate, or	. uro approauor	for any paronomonata mercent			
Typewritten Full Name					
of Sole or First Inventor				KOBAYASHI	
	Given Name	Pi- ac	Middle Initial	Family Name	1.
"*Inventor's Signature	November November	nuio	22	Lolenyas 2001	W
** Date of Signature	Month		Day		
Residence <u>Omori-n</u>			Ota-ku	Japan	
City			State of Province	Country	_
Citizenship Japanes				TT	
Post Office Ac		c/o Minebea Co., Ltd. Or		Unit	
(Insert compl	lete mailing uding country)	4-18-18 Omori-nishi, Ota	rku, Tokyo, Japan_		
audress, inch	rang country)				

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked. **Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

Typewritten Full Name		
of Joint Inventor <u>Taiichi</u>		MIYA
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**Inventor's Signature Taine	li	/ hil ta.
*Date of Signature November	22	2001
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address, including country)		
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of Joint Inventor Naofumi		KUMAGAI
Given Name	Middle Initial	Family Name
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*Date of Signature November	22	2001
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address, including country)		•
The consistent Full Name		
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of Joint Inventor Given Name	Middle Initial	Family Name
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**Inventor's Signature		
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Residence City	State or Province	Country
Citizenship	State of Flovince	
Post Office Address		
(Insert completing mailing		
address, including country)		
Typewritten Full Name		
of Joint Inventor		
Given Name	Middle Initial	Family Name
**Inventor's Signature		
*Date of Signature		
Month	Day	Year
Residence		
Citizanahin	State or Province	Country
Citizenship Post Office Address		
(Insert completing mailing		
address, including country)		
address, including country/		

^{**} Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.